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Letter dated 4 December 2008 from the Permanent Representative of Brazil to the United Nations addressed to the Secretary-General

On behalf of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, I have the honour to transmit herewith the text of the Oslo Ministerial Declaration: "Global health — a pressing foreign policy issue of our time", and the Oslo Agenda for Action: "Foreign policy taking up the challenges of global health", adopted by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in Oslo on 20 March 2007 (see annex).

I would be grateful if the present letter and its annex could be circulated as a document of the General Assembly under agenda item 44.

(*Signed*) Maria Luiza **Ribeiro Viotti**
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Annex to the letter dated 4 December 2008 from the Permanent Representative of Brazil to the United Nations addressed to the Secretary-General

Oslo Ministerial Declaration:

Global health — a pressing foreign policy issue of our time

Under their initiative on Global Health and Foreign Policy, launched in September 2006 in New York, the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand issued the following statement in Oslo on 20 March 2007:

In today's era of globalisation and interdependence there is an urgent need to broaden the scope of foreign policy. Together, we face a number of pressing challenges that require concerted responses and collaborative efforts. We must encourage new ideas, seek and develop new partnerships and mechanisms, and create new paradigms of cooperation.

We believe that health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time. Life and health are our most precious assets. There is a growing awareness that investment in health is fundamental to economic growth and development It is generally acknowledged that threats to health may compromise a country's stability and security.

We believe that health as a foreign policy issue needs a stronger strategic focus on the international agenda. We have therefore agreed to make Impact on health" a point of departure and a defining lens that each of our countries will use to examine key elements of foreign policy and development strategies, and to engage in a dialogue on how to deal with policy options from this perspective.

As Ministers of Foreign Affairs, we will work to:

- increase awareness of our common vulnerability in the face of health threats by bringing health issues more strongly into the arenas of foreign policy discussions and decisions, in order to strengthen our commitment to concerted action at the global level;
- build bilateral, regional and multilateral cooperation for global health security by strengthening the case for collaboration and brokering broad agreement, accountability and action;
- reinforce health as a key element in strategies for development and for fighting poverty, in order to reach the Millennium Development Goals;
- ensure that a higher priority is given to health in dealing with trade issues and in conforming to the Doha principles, affirming the right of each country to make full use of TRIPS flexibilities in order to ensure universal access to medicines;
- strengthen the place of health measures in conflict and crisis management and in reconstruction efforts.

For this purpose, we have prepared a first set of actionable steps for raising the priority of health in foreign policy in an Agenda for Action. We pledge to pursue these issues in our respective regional settings and in relevant international bodies. We invite Ministers of Foreign Affairs from all regions to join us in further exploring ways and means to achieve our objectives.

Foreign Policy Taking up the Challenges of Global Health: Agenda for Action

Adopted by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in Oslo on 20 March 2007.

In today's era of globalisation and interdependence there is an urgent need to broaden the scope of foreign policy. In our time the pursuit of pure self-interest of nations might undermine the solutions that respond to the challenges of growing interdependence. We must encourage new ideas, seek and develop new mechanisms for partnerships, and develop new paradigms of cooperation. This new reality creates a need to find shared values that are embodied in the relations between countries.

Protecting the most fundamental opportunity for life for the world's citizens provides both a lens through which to enhance the goals and responsibilities of diplomacy and a call to bring a more active collaboration between foreign ministries, health ministries and other functions of government around health security issues.

No country can isolate itself from cross-border risks and threats to their national health security. Foreign policy actions in security, trade, conflict and crisis, environment and human rights have a strong bearing on whether we can achieve national as well as global health security[1].

Access to basic needs for human survival — water, food, shelter, protection and freedom from disease — concerns people of all nations. Unless these needs are met, our health and survival are threatened. Food security and health security are common concerns and should be viewed through the same lens. Often a public health threat in one country requires a concerted response that calls for many foreign policy makers to work together. In a very real sense, the development of all nations is a prerequisite to ensure global health security.

The most effective response to global health challenges depends on alliances, cooperation and partnerships that reflect a respect for national sovereignty and a sense of shared responsibility. They must also be transparent, trustworthy, accountable and fair. Collaboration can come in all different forms, including South-South, North-North and South-North cooperation.

Foreign Ministers have identified areas where the kinds of policy positions they adopt can make a significant difference to prospects for global health security. This paper proposes a shared agenda for Foreign Ministers' action. The agenda is organised around three main themes: "Capacity for global health security", "Facing threats to global health security", and "Making globalisation work for all". Each theme identifies specific actions. But the challenges are all inter-linked. Some have a broad cross-cutting impact and respond to a range of challenges while others are more specific.

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[1] The concept of "global health security" has yet to be defined. The reference to security should not be understood in terms of threats to the maintenance, of peace and security enshrined in the UN Charter. In the context of this initiative global health security is used to mean protection against public health risks and threats that by their very nature do not respect borders. Global health security depends on critical capacity in all countries, combined with a commitment to collaborate, such as spelled out in the International Health Regulations. It is our expectation that a definition for global health security will be agreed at the World Health Assembly.

I. Capacity for global health security

1. Preparedness and foreign policy

Preparedness is a cross-cutting theme. For most governments it starts with an emphasis on being ready to respond to health risks and threats to national health security. But increasingly it includes global mechanisms and other measures that enable countries to make an informed and coordinated response. Preparedness is based on a capacity to identify health risks and threats, including those that may be outcomes of the foreign policies practiced by individual nations.

Points for collaborative action by foreign ministers:

1.1. Make "impact on health" a point of departure and a defining lens that each of our countries will use to examine key elements of foreign policy and development strategies, and to engage in a dialogue on how to deal with policy options from this perspective. Use all available evidence in the analysis, share the findings and ensure open access to the analytical process.

1.2. Engage in developing a roadmap for what remains to be done in large-scale disasters and emergencies where foreign ministers have special responsibilities, including the movement of people and equipment across borders. Make use of global instruments such as the International Health Regulations and humanitarian law.

1.3. Support national disaster planning and, development of critical national capacity for emergency preparedness, including the capacity to coordinate relief efforts through the development of local relief networks.

1.4. Strengthen the capacity of the UN Secretary General to assume a coordinating role in facilitating actions related to foreign policy in preparedness, planning and action for global health security. Work in close cooperation with UN Specialized Agencies, Programmes and Funds.

1.5. Identify critical gaps in capacity for effective implementation of the International Health Regulations with a specific focus on better national and transnational surveillance, outbreak investigation and disease control.

2. Control of emerging infectious diseases and foreign policy

Efforts should be based on an understanding of the cross-cutting impacts of communicable disease, including pandemic influenza. These efforts must build on a commitment to fairness and mutual trust, such as in sharing information.

Points for collaborative action:

2.1. Commit to the early and full implementation of the International Health Regulations. Call for improved data and accountability mechanisms as well as the rapid scale up of national capacity. Emphasise the need to share information related to any health risk of international importance.

2.2. Exchange experiences and best practices on preventive and emergency response measures toward the outbreak of pandemics.

2.3. Identify gaps in implementation, ensuring the availability of essential medicines, vaccines and equipment, not only domestically but also within countries that need assistance, including failing states and countries in conflict and crisis.

2.4. Support and facilitate WHO's leadership role and the work of the Global Outbreak Alert and Response Network (GOARN).

2.5. Support the mobilisation of adequate resources for global infectious disease control, including domestic spending, ODA spending and dedicated spending for joint action to improve global health security, through trusted and transparent partnership mechanisms.

3. Human resources for health and foreign policy

The current global shortage and maldistribution of trained health workers, particularly nurses, represents a major barrier to preparedness and to national and global health security. The shortage of human resources is influenced by the global economy, incentives for migration and global negotiation on services. Such influences go beyond the health sector and can only be modified through political action at the national, regional and global level. At the same time, human resources for health is situated within the broader health development and systems agenda with financing and stewardship issues as key related matters.

Points for collaborative action:

3.1. Support the development of a global framework for tackling the global shortage of health workers, with monitoring and accountability mechanisms, including for tracking recruitment from countries with weak capacity. Facilitate the use of the Diaspora in country of origin and examine the possibility of establishing multilateral and/or bilateral mechanisms that would ensure that the movement of health professionals is mutually beneficial to both sending and receiving countries.

3.2. Encourage the development of national broad plans for human resources for health, including the use of alternative models for care. These should reflect the standards set by the WHO, for use as reference points and drivers of alignment and accountability globally, such as through the Global Health Workforce Alliance (GHWA) and related initiatives.

3.3. Respond to the need to train more health workers and encourage regional and international exchanges at academic institution level as well as the exchange of technical expertise within the Ministries of Health of the region, centres of excellence and beyond through facilitating strong collaboration and partnerships, including South-South and regional collaboration.

3.4. Support health research, the ethical conduct of research and research capacity building in countries with inadequate capacity. Facilitate better access for researchers from these countries to innovation and to global knowledge networks.

II. Facing threats to global health security

4. Conflict (pre, during and post-conflict, and as peace is being built)

As part of efforts to promote peace and security, women, children and men whose lives are under threat must be helped to survive and maintain good health. Lack of access to health services can in itself have a destabilising effect The need to preserve life and health is a useful starting point for peace building 'before logic breaks down" into full conflict. Access cannot be preserved unless health workers and health infrastructure are protected.

Points for collaborative action:

4.1. Recognise that health can be a good entry point to initiate dialogue across borders and to spearhead the resolution of conflict, with the sincere intention of serving the public interest and building trust and legitimacy.

4.2. Recognise the potential in the presence of "global knowledge networks", which cut across borders and are maintained in spite of conflict. They can be building blocks in peace building efforts, but need to maintain their own integrity and independence.

4.3. Support the evolution of a more consistent approach for monitoring suffering in conflict and war. There should be a regular watch on life and health issues and in particular on the indirect consequences of war and conflict on;people's health, with a special focus on women as care givers and girls and women threatened by rape and other forms of violence.

4.4. Further develop the case for a health focus in post-conflict reconstruction. This is necessary to set out clearer principles for better health security as a means for re-establishing peace, trust and legitimacy of government, and to advocate for a strong focus on health issues in the work cf the recently established UN Peace Building Commission, in cooperation with the WHO. Such efforts must respect the basic imperatives and principles that guide a neutral "humanitarian space" reserved for non-state actors.

5. Natural disasters and other crises

Many of the same principles exist for natural disasters and other emergencies as for situations of conflict, but there is not the same early warning and time for "diplomacy. One challenge is to make a neglected crisis visible and not let action be driven by media attention. In a globalised world, there will be a mix of nationals affected by crisis. Foreign ministers and ministries in countries tackling a crisis will be involved in dealing with expatriates that have been affected, as well as dealing with offers of emergency support. Other foreign ministers will be involved in relief efforts and the repatriation of victims.

Points for collaborative action:

5.1. Support the work of the Office for the Coordination of Humanitarian Affairs (OCHA) and the Central Emergency Response Fund (CERF), facilitating early and effective assistance to vulnerable groups in emergencies.

5.2. Ensure that priority is given to restoring a functioning health system (workforce, infrastructure, and supplies) in the aftermath of a crisis.

5.3. Monitor the equitable distribution of aid, specific needs of care givers and marginalised groups and any shortfalls In the fulfilment of pledges of funding.

6. Response to HIV/AIDS

A high prevalence of HIV infection is not only a threat to personal health, but also to national and global health security, because of the way AIDS undermines human capacity in essential services. The global response to HIV and AIDS has mobilised a dynamic multi-stakeholder, multi-sector movement, with common purpose, inclusive leadership, and linked community and global action.

Points for collaborative action:

6.1. Take up the challenges that HIV/AIDS presents to trade, human rights, peace building and humanitarian action through a health lens to drive forward a broader agenda for change.

6.2. Commit to the international agreements and political declarations linking and monitoring these commitments, and call for speeding up their implementation. Initiate voluntarily monitoring the actions taken by the countries involved in the Global Health and Foreign Policy initiative.

6.3. Call for improved and disaggregated data collection on HIV/AIDS in all countries[2]. Raise awareness among diplomats and ambassadors about the impact of HIV/AIDS on economies, institutional capacity, gender and human rights in order to bring these issues into country-level policy dialogue as appropriate.

7. *Health and the environment*

Human health and the environment are both outcomes of complex systems that exist in dynamic balance. Given the severity of health threats related to climate change, biosecurity and biosafety, the linkage between global health and environment should be considered.

Points for collaborative action:

7.1. Make the links between environment policies and global health visible in foreign policy engagements and exploit the synergistic potential of related policy processes.

7.2. Recognise that the potential of biotechnologies to help developing countries achieve the Millennium Development Goals (MDGs) should not be eclipsed by otherwise legitimate security concerns: establish robust governance mechanisms to prevent misuse of the biological sciences, without hindering their positive contribution to development.

7.3. Engage with WHO and the UN Environment Programme on their joint "Health and Environment Linkages Initiative" in order to strengthen the dialogue between governments and civil society in the use of health and environment impact assessments.

7.4. Give further attention to the potentially very severe consequences to health of climate change and support appropriate foreign policy action at relevant regional and global meetings.

III Making globalisation work for all

8. *Health and development*

Health is key to development and combating poverty. Hunger is a major cause of ill health. Structural causes of poverty and hunger are interwoven, and part of a nexus of policies where foreign policies also play an important part. Global partnership for overcoming both structural and economic barriers to development and health is fundamental for reaching the MDGs and reducing vulnerabilities to neglected and emerging infectious diseases.

Points for collaborative action:

8.1. Use the shared interest in global public health as rationale for giving health top priority in the national and international cross-sectoral development agenda. Push for development cooperation models that match domestic commitment and reflect the requirements of those in need and not one that is characterised by charity and donors' national interests.

8.2. Strengthen the efficiency of global health initiatives through improved governance and better coordination of multiple, competitive donors and aid providers (UN agencies, international financial institutions, regional mechanisms, G8, donor countries, private foundations, together with the coalitions and alliances that bring them together).

8.3. Improve national and regional research capacity and the management capacity of public health systems, taking into account the special needs of the developing countries and using a variety of modalities including twinning, exchange programmes and Institutional collaboration, transfer of

[2] UN High-Level Meeting on HIV and AIDS, New York, 2 June 2006.

technology, regional centres of excellence etc., fostering regional and South-South collaboration based on shared interests.

8.4. Promote modalities and means to enhance the capacity for national and regional production of essential medicines and equipment and for building capacity for national regulation of pharmaceuticals and commodities, quality control and supply chain management.

8.5. Honour existing financial commitments and initiate innovative financing mechanisms in order to generate additional resources for financing global health investments such as the international drug facility (UNITAID).

8.6. Work together with the IMF and the World Bank to overcome macroeconomic constraints to effective health investment at country level.

9. Trade policies and measures to implement and monitor agreements

International trade policies and agreements need to be placed within the context of protecting and promoting health and well-being. A universal, rule-based, open, nondiscriminatory and multilateral trade system, including trade liberalisation, can support global health security, such as enabling the implementation of the International Health Regulations. Ensuring equal and universal access to essential medicines is one example with major relevance for global public health.

Points for collaborative action:

9.1. Affirm the interconnectedness of trade, health and development, including both trade and health policies in the formulation of all bilateral, regional and multilateral trade agreements.

9.2 Reaffirm commitment to the Doha Declaration on TRIPS and Public Health and foster the full implementation of the TRIPS flexibilities.

9.3. Explore the feasibility of a voluntary monitoring mechanism outside WTO for the use of TRIPS flexibilities to overcome price and access barriers and examining the implication of other trade agreements, in particular bilateral trade agreements that may limit the use of these flexibilities.

9.4. Encourage WTO members to accelerate national acceptance procedures in order to ensure the entry into force of the amendment of the TRIPS Agreement.

9.6. Explore and leverage multiple and innovative approaches to reduce price and improve access to essential medicines, together with the application of TRIPS flexibilities.

10. Governance for global health security

Improved governance requires review and adaptation to new realities. It could be better achieved through effective national structures, stronger regional collaboration, broader stakeholder participation and clearer contracts and accountability at the international level. In several respects, health offers a platform for exploring the new challenges of governing interdependence. Governance for health is an aspect of deepening global democracy within regional and global institutions. New mechanisms and alliances are increasingly important but need to have their actions better coordinated. Dealing with cross-border issues, such as the vast differences in access to health care, as well as the movement of people, pharmaceuticals and commodities, represents situation-specific governance challenges and requires attention on a case-by-case basis.

Points for collaborative action:

10.1. Support policies for global health security in the various foreign policy dialogue and action arenas, such as the UN, GB, arenas for economics and trade issues and within regional and bilateral arenas.

10.2. Establish broader and more coherent national leadership for global health issues, reflecting the interdependency of health and foreign affairs.

10.3. Recognise and affirm the WHO Secretariat and the World Health Assembly as the main arenas for global health governance[3], with expanded engagement from foreign ministries in the WHA delegations and assistance to the WHO Director General in bringing relevant global health issues into relevant foreign policy arenas.

10.4. Recognise the role of the private sector, knowledge networks and civil society organisations in the evolution of global public health policy as well as in action that will improve global health security and engage them more effectively in governance, policy dialogue and implementation of relevant actions.

10.5. Maximise opportunities for joint working to achieve priority health outcomes within regions and across national borders, including a focus on parity of negotiating powers and the building of capacity that is available to all.

10.6. Contribute to financing global health in ways that do not undermine existing commitments to development financing. Continue efforts to conceive of and bring to fruition innovative and sustainable financing mechanisms and their effective use. Initiate a mechanism to track resource flows for international cooperation directed at specific and agreed global health security purposes, particularly the control of infectious and neglected diseases.

[3] Including the WHO regional bodies and secretariats.